

PATIENT'S NAME:		TEL.: () Home () Work ()
ADDRESS:		
PHYSICIAN'S NAME:		TEL.: ()

- PATIENT IDENTIFIERS NOT TRANSMITTED TO CDC -

SEND COMPLETED REPORT TO STATE INFECTION CONTROL



CHOLERA AND OTHER VIBRIO ILLNESS SURVEILLANCE REPORT

State will forward to: Centers for Disease Control and Prevention
Foodborne and Diarrheal Diseases Branch M/S A38
1600 Clifton Road
Atlanta, GA 30333

I. DEMOGRAPHIC AND ISOLATE INFORMATION

OMB 0920-0322 Exp. Date 09/30/99

1. First three letters of patients first name: <div><div></div><div></div><div></div><div>(1-3)</div></div>		REPORTING HEALTH DEPARTMENT										
		State: <div><div></div><div></div><div>(4-5)</div></div>		City: (6-15)		County/Parish: (16-26)						
		State No.: (27-37)		CDC USE ONLY <div><div></div><div></div><div></div><div></div><div></div><div></div><div>(38-46)</div></div>		FDA No.: (47-57)						
2. Date of birth: <div><div>Mo.</div><div></div><div></div><div>Day</div><div></div><div></div><div>Yr.</div><div></div><div></div><div>(58-63)</div></div>		3. Age: <div><div>Years</div><div></div><div></div><div>Mos.</div><div></div><div></div><div>(64-67)</div></div>		4. Sex: (68) <div><div><input type="checkbox"/> M (1)</div><div><input type="checkbox"/> F (2)</div><div><input type="checkbox"/> Unk. (9)</div></div>			5. Race/Ethnicity: (69) <div><div><input type="checkbox"/> White (not Hispanic) (1)</div><div><input type="checkbox"/> Black (not Hispanic) (2)</div><div><input type="checkbox"/> Hispanic (3)</div><div><input type="checkbox"/> Asian/Pacific Islander (4)</div><div><input type="checkbox"/> American Indian/Alaska Native (5)</div><div><input type="checkbox"/> Other: (8)</div><div><input type="checkbox"/> Unk. (9)</div></div>			6. Occupation: (70-81) <div></div>		
7. <i>Vibrio</i> species isolated (check one or more):												
Species		Source of specimen(s) collected from patient (If more than one specify earliest date)				Date specimen collected			If wound or other, specify site :			
		<div>Stool Blood Wound Other</div>				<div>Mo. Day Yr.</div>						
<input type="checkbox"/> <i>V. alginolyticus</i>		<div><input type="checkbox"/> (82) <input type="checkbox"/> (83) <input type="checkbox"/> (84) <input type="checkbox"/> (85)</div>				<div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div></div>			<div>(86-91)</div> <div>(92-103)</div>			
<input type="checkbox"/> <i>V. cholerae</i> O1		<div><input type="checkbox"/> (104) <input type="checkbox"/> (105) <input type="checkbox"/> (106) <input type="checkbox"/> (107)</div>				<div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div></div>			<div>(108-113)</div> <div>(114-125)</div>			
<input type="checkbox"/> <i>V. cholerae</i> O139		<div><input type="checkbox"/> (126) <input type="checkbox"/> (127) <input type="checkbox"/> (128) <input type="checkbox"/> (129)</div>				<div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div></div>			<div>(130-135)</div> <div>(136-147)</div>			
<input type="checkbox"/> <i>V. cholerae non-O1, non-O139</i>		<div><input type="checkbox"/> (148) <input type="checkbox"/> (149) <input type="checkbox"/> (150) <input type="checkbox"/> (151)</div>				<div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div></div>			<div>(152-157)</div> <div>(158-169)</div>			
<input type="checkbox"/> <i>V. cincinnatiensis</i>		<div><input type="checkbox"/> (170) <input type="checkbox"/> (171) <input type="checkbox"/> (172) <input type="checkbox"/> (173)</div>				<div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div></div>			<div>(174-179)</div> <div>(180-191)</div>			
<input type="checkbox"/> <i>V. damsela</i>		<div><input type="checkbox"/> (192) <input type="checkbox"/> (193) <input type="checkbox"/> (194) <input type="checkbox"/> (195)</div>				<div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div></div>			<div>(196-201)</div> <div>(202-213)</div>			
<input type="checkbox"/> <i>V. fluvialis</i>		<div><input type="checkbox"/> (214) <input type="checkbox"/> (215) <input type="checkbox"/> (216) <input type="checkbox"/> (217)</div>				<div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div></div>			<div>(218-223)</div> <div>(224-235)</div>			
<input type="checkbox"/> <i>V. furnissii</i>		<div><input type="checkbox"/> (236) <input type="checkbox"/> (237) <input type="checkbox"/> (238) <input type="checkbox"/> (239)</div>				<div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div></div>			<div>(240-245)</div> <div>(246-257)</div>			
<input type="checkbox"/> <i>V. hollisae</i>		<div><input type="checkbox"/> (258) <input type="checkbox"/> (259) <input type="checkbox"/> (260) <input type="checkbox"/> (261)</div>				<div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div></div>			<div>(262-267)</div> <div>(268-279)</div>			
<input type="checkbox"/> <i>V. metschnikovii</i>		<div><input type="checkbox"/> (280) <input type="checkbox"/> (281) <input type="checkbox"/> (282) <input type="checkbox"/> (283)</div>				<div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div></div>			<div>(284-289)</div> <div>(290-301)</div>			
<input type="checkbox"/> <i>V. mimicus</i>		<div><input type="checkbox"/> (302) <input type="checkbox"/> (303) <input type="checkbox"/> (304) <input type="checkbox"/> (305)</div>				<div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div></div>			<div>(306-311)</div> <div>(312-323)</div>			
<input type="checkbox"/> <i>V. parahaemolyticus</i>		<div><input type="checkbox"/> (324) <input type="checkbox"/> (325) <input type="checkbox"/> (326) <input type="checkbox"/> (327)</div>				<div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div></div>			<div>(328-333)</div> <div>(334-345)</div>			
<input type="checkbox"/> <i>V. vulnificus</i>		<div><input type="checkbox"/> (346) <input type="checkbox"/> (347) <input type="checkbox"/> (348) <input type="checkbox"/> (349)</div>				<div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div></div>			<div>(350-355)</div> <div>(356-367)</div>			
<input type="checkbox"/> <i>Vibrio</i> species - not identified		<div><input type="checkbox"/> (368) <input type="checkbox"/> (369) <input type="checkbox"/> (370) <input type="checkbox"/> (371)</div>				<div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div></div>			<div>(372-377)</div> <div>(378-389)</div>			
<input type="checkbox"/> Other (specify):		<div><input type="checkbox"/> (390-405) <input type="checkbox"/> (406) <input type="checkbox"/> (407) <input type="checkbox"/> (408) <input type="checkbox"/> (409)</div>				<div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div></div>			<div>(410-415)</div> <div>(416-427)</div>			
8. Were other organisms isolated from the same specimen that yielded <i>Vibrio</i> ? Specify organism(s):					Yes (1) No (2) Unk. (9) <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (428)</div>				9. Was the identification of the species of <i>Vibrio</i> (e.g., <i>vulnificus</i> , <i>fluvialis</i>) confirmed at the State Public Health Laboratory? Yes (1) No (2) Unk. (9) <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (451)</div>			
10. Complete the following information if the isolate is <i>Vibrio cholerae</i> O1 or O139:												
Serotype (452) (check one)			Biotype (453) (check one)			Toxigenic? (454) (check one) If YES, toxin positive by: (check all, that apply)						
<div><div><input type="checkbox"/> Inaba (1)</div><div><input type="checkbox"/> Ogawa (2)</div><div><input type="checkbox"/> Hikojima (3)</div><div><input type="checkbox"/> Not Done (4)</div><div><input type="checkbox"/> Unk. (9)</div></div>			<div><div><input type="checkbox"/> El Tor (1)</div><div><input type="checkbox"/> Classical (2)</div><div><input type="checkbox"/> Not Done (3)</div><div><input type="checkbox"/> Unk. (9)</div></div>			<div><div><div><div>Yes (1)</div><div><input type="checkbox"/></div></div><div><div>No (2)</div><div><input type="checkbox"/></div></div><div><div>Unk. (9)</div><div><input type="checkbox"/></div></div></div><div><div><input type="checkbox"/> ELISA (455)</div><div><input type="checkbox"/> Latex agglutination (456)</div><div><input type="checkbox"/> Other (specify):</div></div><div>(457-471)</div></div>						

4. In the 7 days before illness began, was patient's skin exposed to any of the following?

Yes (1) No (2) Unk. (9)

If YES, specify body of water location: A body of water (fresh, salt, or brackish water) ☐ ☐ ☐ (1226)Drippings from raw or live seafood ☐ ☐ ☐ (1227)Other contact with marine or freshwater life ☐ ☐ ☐ (1228)Date of exposure: Mo. Day Yr. (1251-6)Time of exposure: Hour Min. ☐ am (1) ☐ pm (2) (1257-8) (1259-60) (1261)If YES, to any of the above, briefly describe exposure: (e.g., swimming, fishing, etc.)

● If skin was exposed, to water indicate type: (1276)

☐ Salt (1)☐ Other (8)☐ Fresh (2)(specify): ☐ Brackish (3)☐ Unk. (9)Additional comments:

● If skin was exposed, did the patient sustain a wound during this exposure, or have a pre-existing wound? (choose one): (1291)

☐ YES, sustained a wound. (1)☐ YES, had a pre-existing wound. (2)☐ YES, uncertain if wound new or old. (3)☐ NO. (4)☐ Unk. (9)

If YES, describe how wound occurred and site on body:

(Note: Skin bullae that appear as part of the acute illness should be recorded in section II, Clinical Information, only).

If isolate is *Vibrio cholerae* O1 or O139 please answer questions 5 - 8.5. If patient was infected with *V. cholerae* O1 or O139, to which of the following risks was the patient exposed in the 4 days before illness began:

Yes (1) No (2) Unk. (9)

Raw seafood ☐ ☐ ☐ (1321)Cooked seafood ☐ ☐ ☐ (1322)Foreign travel ☐ ☐ ☐ (1323)Other person(s) with cholera or cholera-like illness ☐ ☐ ☐ (1324)Street-vended food ☐ ☐ ☐ (1325)Other ☐ ☐ ☐ (1326)(specify): 6. If answered "yes" to foreign travel (question III. 5), had the patient been educated in cholera prevention measures before travel? ☐ ☐ ☐ (1351)

Yes (1) No (2) Unk. (9)

If YES, check all source(s) of information received:

☐ Pre-travel clinic (1352)☐ Friends (1355)☐ Travel agency (1358)☐ Airport (departure gate) (1353)☐ Private physician (1356)☐ CDC travelers' hotline (1359)☐ Newspaper (1354)☐ Health department (1357)☐ Other (specify): (1360)

7. If answered "yes" to foreign travel (question III. 5), what was the patient's reason for travel? (check all that apply)

☐ To visit relatives/friends (1401)☐ Other (specify): (1405) ☐ Business (1402)☐ Tourism (1403)☐ Military (1404)☐ Unk. (1427)8. Has patient ever received a cholera vaccine? ☐ ☐ ☐ (1428)

Yes (1) No (2) Unk. (9)

(If YES, specify type most recently received):

☐ Oral (1429)☐ Parenteral (1430)Most recent date: Mo. Day Yr. (1431-1436)If domestically acquired illness due to any *Vibrio* species is suspected to be related to seafood consumption, please complete section IV (Seafood Investigation).

ADDITIONAL INFORMATION or COMMENTS

<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		CDC Use Only Source: (1443) <input type="text"/> Comment: (1444-1454) <input type="text"/> Syndrome: (1455) <input type="text"/>
Person completing section I - III: <input type="text"/>	Date: Mo. <input type="text"/> Day <input type="text"/> Yr. <input type="text"/> (1437-1442)	CDC Isolate No. <input type="text"/>
Title/Agency: <input type="text"/>		<input type="text"/> (1456-1463)

For each seafood ingestion investigated, please complete as many of the following questions as possible.
(Include additional pages section IV if more than one seafood type was ingested and investigated.)

1. Type of seafood (e.g., clams):

Date consumed:

Mo.	Day	Yr.
<input type="text"/>	<input type="text"/>	<input type="text"/>

Time consumed:

Hour	Min.	<input type="checkbox"/> am (1) <input type="checkbox"/> pm (2)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Amount consumed:

(1464-1480)

(1481-1486)

(1487-8)

(1489-90)

(1491)

(1492-1512)

If patient ate multiple seafoods in the 7 days before onset of illness, please note why this seafood was investigated (e.g., consumed raw, implicated in outbreak investigation):

2. How was this fish or seafood prepared? (1513)

☐ Raw (1) ☐ Baked (2) ☐ Boiled (3) ☐ Broiled (4) ☐ Fried (5) ☐ Steamed (6) ☐ Unk. (9) ☐ Other (8) (specify): (1514-1530)

3. Was seafood imported from another country?

Yes (1) ☐ No (2) ☐ Unk. (9) ☐ (1531)

If YES, specify exporting country if known: (1532-1554)

4. Was this fish or shellfish harvested by the patient or a friend of the patient?

Yes (1) ☐ No (2) ☐ Unk. (9) ☐ (1555)

(If YES, go to question 12.)

5. Where was this seafood obtained? (1556) (Check one)

☐ Oyster bar or restaurant (1) ☐ Seafood market (4) ☐ Unk. (9)
☐ Truck or roadside vendor (2) ☐ Other (8) (specify): (1557-1590)
☐ Food store (3)

6. Name of restaurant, oyster bar, or food store:

Tel.:

()

Address:

7. If oysters, clams, or mussels were eaten, how were they distributed to the retail outlet? (1591)

☐ Shellstock (sold in the shell) (1) ☐ Shucked (2) ☐ Unk. (9) ☐ Other (8) (specify): (1592-1610)

8. Date restaurant or food outlet received seafood:

Mo.	Day	Yr.
<input type="text"/>	<input type="text"/>	<input type="text"/>

(1611-1616)

9. Was this restaurant or food outlet inspected as part of this investigation?

Yes (1) ☐ No (2) ☐ Unk. (9) ☐ (1617)

10. Are shipping tags available from the suspect lot? (1618)

Yes (1) ☐ No (2) ☐ Unk. (9) ☐

(Attach copies if available)

11. Shippers who handled suspected seafood: (please include certification numbers if on tags)

12. Source(s) of seafood:

13. Harvest site:

Date: Mo. Day Yr.

Status:

☐ Approved (1) ☐ Conditional (3)
☐ Prohibited (2) ☐ Other (8) (specify): (1647-1666)
☐ Approved (1) ☐ Conditional (3)
☐ Prohibited (2) ☐ Other (8) (specify): (1695-1714)

(1619-1639) (1640-1645) (1646)
 (1667-1687) (1688-1693) (1694)

14. Physical characteristics of harvest area as close as possible to harvest date:

Result

Date Measured

Maximum ambient temp. (1715-1718)	<input type="text"/>	<input type="checkbox"/> F (1) <input type="checkbox"/> C (2) (1719)	Mo. Day Yr. (1720-1725) <input type="text"/>
Surface water temp. (1726-1727)	<input type="text"/>	<input type="checkbox"/> F (1) <input type="checkbox"/> C (2) (1728)	Mo. Day Yr. (1729-1734) <input type="text"/>
Salinity (ppt) (1735-1736)	<input type="text"/>		Mo. Day Yr. (1737-1742) <input type="text"/>
Total rainfall (inches in prev. 5 days) (1743-1744)	<input type="text"/>		Mo. Day Yr. (1745-1750) <input type="text"/>
Fecal coliform count (1751-1755)	<input type="text"/>		Mo. Day Yr. (1756-1761) (Attach copy of coliform data) <input type="text"/>

15. Was there evidence of improper storage, cross-contamination, or holding temperature at any point?

Yes (1) ☐ No (2) ☐ Unk. (9) ☐ (1762)

If YES, specify deficiencies:

Person completing section IV:

Date:

Mo.	Day	Yr.
<input type="text"/>	<input type="text"/>	<input type="text"/>

(1763-1768)

Title/Agency:

Tel.:

()